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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKJulian James

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

(44th prec.) A/O W#

NYPD

963608

(44th precinct)

(Arrest #)

(B22609705)

44th prec.

A/O

(Arrest #)

(B20621337)

declined prosecution

Dismissed

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights 8th AMENDMENT

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Julian JONES
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

22B5018
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Clinton Correctional facility
Current Place of Detention

1156 RTE 374 P.O. Box 2001
Institutional Address

DANNEMORA NY 12929-2000
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: 44th precinct (NYPD OFFICIAL) 900544
 First Name Last Name Shield #
Officer serving duties @ 44th precinct
 Current Job Title (or other identifying information)
?? EAST 168th street
 Current Work Address
BRONX NY 10452
 County, City State Zip Code

Defendant 2: _____
 First Name Last Name Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

Defendant 3: _____
 First Name Last Name Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

Defendant 4: _____
 First Name Last Name Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: EAST 16th StreetDate(s) of occurrence: August 18th, 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I, Julian James, was falsely accused of (and arrested) Crim. Sale Controlled Substance: pl. 220.44, 220.39, 220.03, 221.05, and, lost my social security benefits because I was due for recertification of such benefits, also, let the Record Reflect, upon arresting me for aforementioned charges, Arresting Officer ^{ID} NUMBER ★ 900544 stated: Irent you the "boy" who Sued us before cause of one of "police's" (Lt. Kelly of the 44th Precinct ID NO. * 963608) antics? well, you won't beat this one, ~~haha~~. The only thing I actually was guilty of was changing a twenty dollar Bill for someone whom asked for change by the ATM and By that time I went to use the ATM I was falsely apprehended for a direct sale of cont. substance only to have the charges dismissed, The 44th precinct has a pattern of arrests against me with a vast majority being dismissed, & the violators of my constitutional rights have consistently violated my 8th Amendment rights by exhibiting rogue actions of injustice, causing me mental pain, loss of income, economic stability & paternal custody.

of both of my children, as well as, becoming homeless based on my immediate family's refusal to understand these wrongful arrests, malicious prosecutions are founded by a retaliatory disposition which contradicts the purpose of protection and prevention of injustice these officers of the law are employed for.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Loss of paternal custody, PTSD, Anxiety Severe of Irrationality to the point of being prescribed a plethora psyche medications (Zoloft, depakote, remron), monthly visits to mental health satellite unit (Level III), Loss of home, Loss of government benefits (SNAP/Foodstamps \$260 plus monthly / SSI \$758 USD monthly) Constant fear/worry of retaliatory false arrests upon release.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

High Five to Six figure reparations to fund my relocation and start to acquire a degree / trade which will employ self adequately enough to provide a freedom based lifestyle.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

4-26-23
Dated

Julian James
Plaintiff's Signature

Julian James
First Name Middle Initial Last Name

Clinton Correctional facility 1156 RT. 374 p.o. Box 2001
Prison Address

DANEMORA NY 12929-2000
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 4-26-23

CLINTON JAMES ADDENDUM
Clinton Correctional Facility
1156 RT. 374
P.O. Box 2001
DANBURY, N.Y. 12929-2000

Clinton



Correctional Facility

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ATTN: U.S. District Courts
Southern District of New York
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New York, New York 10007

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CLINTON CORRECTIONAL FACILITY

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